## CITY OF AVONDALE SURE PAY AUTHORIZATION FORM

**SURE PAY (AUTOMATIC BILL PAYMENT SERVICE):** If you would like to have your payment automatically deducted from your checking account, please fill out the bottom portion of this form. Return it to the City of Avondale along with a voided copy of a check drawn on the financial institution you elect to use.

**SURE PAY TERMS AND CONDITIONS**: Each month you will receive a utility bill indicating the billing dollar amount and the due date. Sure Pay payments will be drafted on the statement due date each month. You have up to 10 working days to contact the City regarding bill discrepancies. Sure Pay payments returned as non-payable items will be subject to charges similar to those for a returned check. Your account will be removed from Sure Pay if there are any bank returned payments twice within a 12-month period. The City requires **45 days** to change your payment method. The City reserves the right to terminate participation of Sure Pay without prior notice to the customer.

NAME (PLEASE PRINT)	TELEPHONE NUMBER	CITY OF AVONDALE ACCOUNT NUMBE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
BANK NAME	BRANCH LOCATION C	CHECKING ACCOUNT NO.	BANK ROUTING NO.
authorize the financial inst the due date shown on my	ndale to automatically draft the financial institution na itution named above to pay each amount from my ch rutility bill. I understand that I must contact the City o y cancel the authorization by notifying the City of Avo dale requires 45 days to change me payment method.	ecking account every month of Avondale concerning bill di andale in writing to remove m	. Payment will be ma screpancies prior to ny account from the